

ISSUE SLIP STAPLE AREA (for additional cross references)

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. |
|---------------------------|----------|----------|
| FEE DETERMINATION | | |
| O.I.P.E. CLASSIFIER | | |
| FORMALITY REVIEW | J.A. | J.C. 844 |
| RESPONSE FORMALITY REVIEW | SL | 1021 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 9-17-02 | |
| 12-29-02 | |
| 9-4-03 | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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836
024-01-02